

UNHCR COVID-19 Preparedness and Response

Highlights

- UNHCR operations worldwide report that refugees and other populations of concern are finding it harder to make ends meet. In Iraq, 89 per cent of the 1,500 respondents to a monitoring survey reported loss of employment or livelihoods due to COVID-19 crisis; similarly, in South Africa, 95 per cent of calls requesting UNHCR support are from families who were previously self-sufficient.
- UNHCR contributed substantively to the latest report of the Secretary General, [“COVID-19 and People on the Move”](#) launched on 03 June.
- Since the end of April, UNHCR has delivered 1.8 million masks, 800,000 gloves, as well as personal protective equipment kits, hand sanitizers, gowns, goggles and thermometers to 12 UNHCR operations. Additional equipment was purchased locally.
- UNHCR and Qatar Airways signed an agreement that will assist in providing air cargo services for up to 400,000 kg to transport humanitarian aid cargo to its global networks under its charity initiative “We QaRe”. The agreement will be in effect for two years.



Cameroon. UNHCR braces up to protect refugees and other persons of concern from the spread of the Coronavirus.

Global Overview

COVID-19 heightens existing vulnerabilities for forcibly displaced and stateless people in many ways. With increasing prices of basic food and commodities, many refugees and internally displaced people (IDPs) struggle to afford goods in addition to paying the rent, putting them at higher risk of eviction. In the Americas, with increasing poverty and destitution, some have no choice but to sell goods on the street to support their families. This exposes them not only to the risk of infection, but also to stigmatization and discrimination because of the perceived inability to comply with lockdown and physical distancing measures. Due to the global economic downturn and the socio-economic impact of the pandemic, social tensions are increasing in all regions. 41 countries report at least one incident of xenophobia, stigmatization, or discrimination against persons of concern in relation to COVID-19. Even before the pandemic, refugees, IDPs and other particularly vulnerable groups were exposed to an increased risk of stigmatisation and discrimination. The Global Protection Cluster reports that IDPs have limited and discriminatory access to services including health care in several countries, as well as stigmatization of people and communities accused of carrying the virus. In Nigeria, IDP locations and camps have been attacked, allegedly because of rumours of COVID-19. Older people and persons with disability are reported to be at major risk of discrimination, experiencing the impact of rapidly reducing services to support them.

UNHCR is advocating for the inclusion of refugees in social protection responses, providing cash as emergency response and facilitating the employment of refugees and refugees' production of essential items. UNHCR is also working where possible to scale up the mental health support capacity of its pre-existing community-based protection networks and training primary healthcare workers, camp management personnel, community outreach volunteers and telephone hotline staff in Psychological First Aid.

UNHCR Response

Progress to date and Impact

- UNHCR continued to advocate that refugees, internally displaced people and stateless persons and the host communities have access to health facilities and services, including testing, in a non-discriminatory manner.

Gaps and Challenges

- As the number of confirmed COVID-19 cases among persons of concern to UNHCR is slowly increasing in all regions, UNHCR and partners are closely watching the developments.
- UNHCR is concerned that the current situation can result in psycho-social hardship, especially for groups that are at particular risk of poverty and exploitation including female heads of households, unaccompanied and separated children, aged persons and LGBTI¹ people.

¹ LGBTI is an abbreviation for 'lesbian, gay, bisexual, transgender, and intersex'.



Strengthen and support health care and WASH services

UNHCR and partners continue to build on early actions to prevent the spread of COVID-19 in refugee and internally displaced camps and settlements while ensuring unhindered delivery of regular protection and life-saving assistance to persons of concern. For many operations, the construction of isolation facilities remains a priority.



Strengthen protection and community engagement

Mass communication campaigns are ongoing across regions with the aim to prevent the spread of COVID-19 among persons of concern. UNHCR's Regional Bureau for Europe published recommendations on "[Risk Communication and Community Engagement](#)", highlighting a number of innovative and flexible approaches as well as levels of engagement and participation of refugee, internally displaced people and stateless communities in the COVID response that help to identify protection risks and effectively develop, disseminate and evaluate public health campaigns.



Ramp up cash assistance, reinforce shelters, provide core relief items in congested urban and camps settings and improve self-reliance

From the outset of the crisis, UNHCR has prioritized preventive health and WASH measures and cash-based interventions (CBI) to persons of concern. To mitigate the negative socio-economic effects of the

measures introduced to prevent the spread of the virus, UNHCR increased its CBI in all regions and allocated over 30 million USD. Where required, UNHCR operations have also extended the period covered by cash assistance, taking into account limitations on movements for persons of concern.

UNHCR held an online consultation with field-based colleagues from several operations on the COVID-19 shelter and settlement response and preparedness. The online consultations focused on case studies developed by and shared with field operations as well as discussions on reducing density in overcrowded shelter and settlement situations. Field personnel shared recent experiences and latest updates in responding to COVID-19. In Rwanda, for instance, UNHCR completed the final stage of a school construction project of 16 classrooms and 24 latrines.

COVID-19: Emerging Practices Livelihoods and Economic Inclusion



COVID-19: Emerging Practices

This document is a snapshot of emerging practices on livelihoods and economic inclusion to respond to the social and economic impacts of the COVID-19 pandemic.

Regional Updates

Middle East and North Africa (MENA)

Across MENA, UNHCR has undertaken protection monitoring in the context of COVID-19 to ensure operations are better informed about displaced persons' protection needs and how best to respond to them. The [National Protection Cluster \(NPC\) in Iraq](#), led by UNHCR, has collected data through the Remote Protection Monitoring tool to measure the impact of the COVID-19 outbreak on internally displaced (IDPs) communities. Between 26 April and 10 May, nearly 1,500 key informants were interviewed. 72 per cent of respondents reported that existing protection concerns significantly increased since the beginning of the COVID-19 pandemic. The most common protection risks reported by respondents included psychological trauma, stress and anxiety, cited by 49 per cent of the overall community. Furthermore, 89 per cent of respondents reported loss of employment and/or livelihoods as the main impact of the crisis, followed by the lack of access to humanitarian services and inability or difficulty in purchasing basic necessities. For many this means that they need to reduce food or even go into debt (61 per cent).

Similar findings were identified during a protection monitoring in Lebanon. 78 per cent of refugee households reported difficulties in buying food due to a lack of money, and 73 per cent reported having had to reduce their food consumption as a coping mechanism. These findings are corroborated by UNHCR Lebanon's [Monitoring of the Effects of the Economic Deterioration on Refugee Households \(MEED\)](#), which found that families are falling deeper into debt. Findings from May compared to March found that the share of households reporting to be in debt increased to 97 per cent with many families incurring new debts. The share of families reporting not to have any household

member currently working increased drastically from 44 per cent to 70 per cent and half reported that at least one person in their family lost a job in the past three months.

To mitigate the negative effects of the socio-economic impact of COVID-19, UNHCR supports individuals and families through cash-based assistance and provides support to national authorities to deliver assistance.

Asia and the Pacific

In Cox's Bazaar, Bangladesh, a slow increase in confirmed cases of COVID-19 can be observed among Rohingya refugees, some of whom are in isolation or quarantine. Health sector partners are working to strengthen the home-based care system and increase testing capacity. Movements have been increasingly restricted since the emergence of the first COVID-19 cases in refugee camps. The congested nature of the camps has made social distancing very challenging. Key messaging on the risks associated with the virus continue to be provided through community level outreach carried out by refugee volunteers. UNHCR has started to also introduce messaging through mobile SMS. While internet coverage is absent, many refugees can receive text messages on their mobile phones.

Due to the socio-economic impact of the pandemic, child labour, domestic violence, child marriage and interpersonal disputes among community members are on the rise in the refugee camps in Bangladesh. In light of rising instances of child marriages, UNHCR together with Save the Children International, conducted a refresher training session for seven block leaders regarding the prevention of early marriage.

The COVID-19 outbreak in Afghanistan is unfolding during the flood season which is further complicating the response and depleting in-country supplies. More than 39,000 people have been affected by floods, landslides, and avalanches and over 71,000 individuals have fled their homes due to conflict since January 2020.

There is a great need for free or affordable testing in Malaysia as this is becoming a requirement for refugees and asylum-seekers looking to re-enter employment and, in some cases, to extend their housing rental agreements.

West and Central Africa

In Cameroon and Mali there have been isolated cases of people who tested positive. Despite the risk of a second wave of contamination, many countries in the region are continuing to relax restriction measures imposed to curb the spread of virus in the past two months such as Benin, Burkina Faso, Cameroon and Ghana. In other countries in the region, preventive measures are maintained or strengthened such as Central African Republic which has made the wearing of masks mandatory in public places and has temporarily suspended passenger transport on certain routes in the Western Zone due to the rapid increase in the number of Covid-19 cases.

The border closures imposed by the Sahel countries in response to COVID-19 continue to impact the voluntary repatriation processes from Burkina Faso and Niger to Mali. However, despite these restrictions, population movements continue in the Sahel within countries and across borders, triggered by ongoing violence and the dire humanitarian situation.

The negative socio-economic impact of the pandemic and the prevention measures imposed in the region are starting to generate social unrest in some countries. In Sierra Leone, frontline workers have declared strike as they push for payment of their outstanding salaries which could negatively impact the country's fight against the pandemic.

UNHCR is reinforcing the WASH systems and services in the main refugee and internally displaced hosting areas, including by increasing access to water to allow for the implementation of basic preventive hygiene measures such as frequent handwashing. In Niger, as part of the EUTF Project on Urbanization in Diffa, UNHCR has started the installation of water pumps and fountains for up to 42,000 refugees, internally displaced people and local populations. In Nigeria, in Cross River State, UNHCR completed the construction of a 16,000 -litre capacity solar borehole in Adagom refugee host community.

East and Horn of Africa and the Great Lakes

While there has been no large-scale outbreak amongst UNHCR's populations of concern so far, 4.6 million refugees and 8.1 million internally displaced people and their host communities are at risk. The need for preparedness remains urgent as cases of local transmission have now been reported in all countries of the region. In addition to the COVID-19 pandemic, the region is currently experiencing a number of other disease outbreaks including yellow fever, malaria, cholera, and measles, alongside heavy rains and floods.

Access to registration and refugee status determination for new asylum seekers remains difficult due to the current lockdowns. Movements continue through unofficial border crossing points where screening and provision

of information is not in place. Across the region, UNHCR has appealed for special measures to be put in place, to allow for asylum-seekers to be screened, quarantined and admitted, and for UNHCR to be granted access to areas where new refugees are arriving.

Job losses and business closures are severely affecting refugees' incomes, leaving a majority struggling to afford rent, food and other essentials. UNHCR is working closely with governments and partners to find solutions for urban refugees in these challenging times. In Djibouti, UNHCR has distributed vouchers to urban refugees to be able to buy food and is working to find alternative accommodation arrangements for refugees and host community members evicted from their homes. In Ethiopia, a regular cash assistance programme for some 4,200 urban refugees in Addis Ababa was adapted in April to provide a two-month payment and a small top up to cover additional hygiene items. More resources are needed to reach all of the more than 27,000 urban refugees who have been impacted by the COVID-19 situation.

Southern Africa

Isolation centres and quarantine space for newly arrived refugees and asylum-seekers remain a key need across the region, as a precautionary measure to prevent the spread of COVID-19. UNHCR and partners have been working to establish and expand isolation centres in camps and settlements, however there is a need for further resources to meet standards and ensure adequate preparedness. For example, in Zambia, newly arrived refugees to Meheba refugee settlement are systematically quarantined at a school within the settlement, and there is a need to urgently set up a new quarantine facility in the settlement before schools re-open in June. In DRC, UNHCR has been reinforcing the

capacity of local hospitals and health centres across the country, benefitting local and refugee communities.

The economic impact of COVID-19 lockdowns and related restrictions are being felt by households across the region, including persons of concern. Many refugees and internally displaced people work in the informal sector and are particularly vulnerable to loss of livelihoods and income as a result of restrictions on movement and economic activity. The number of persons of concern seeking emergency assistance from UNHCR and partners is increasing. Particularly worrisome are the number of individuals who had previously been self-sufficient and not reliant on assistance who are now struggling to put food on the table, pay rent, or cover the cost of utilities. For example, in South Africa, 95 per cent of callers to UNHCR's Helpline during lockdown were previously self-sufficient. UNHCR and partners have been advocating to ensure inclusion of persons of concern into government assistance programmes and have also been providing emergency cash assistance to help the most vulnerable families. However, the demand for assistance – both from government and from humanitarian partners – far outweighs the available resources.

Europe

UNHCR has called on the EU to play a leading role in protecting refugees, forcibly displaced and the stateless, both inside and outside its borders, in the context of the response to the pandemic. [UNHCR's Five Key Calls to the European Union on the COVID-19 response](#) advocate for enhanced solidarity and search for protection solutions to persons of concern. The document also promotes for the EU to ensure adequate access to health and socio-economic services, a continued financial support to

refugee hosting countries, and refugees' empowerment to assist in the response.

In some countries, with the pandemic and related measures impacting the labour market, persons of concern are facing a number of specific risks that make them vulnerable to wrongful contract termination and other abusive practices by employers. Efforts to address the situation include extending legal support through legal aid partners to asylum-seekers and refugees, advocate with authorities for verifications of employment conditions, and producing and disseminating information material on labour rights for immigrants, asylum-seekers and refugees in the context of the pandemic.

UNHCR is concerned over the government-arranged exit of some 9,000 recognized refugees from Greece's reception support system. These actions are based on the March 2020 law, which reduces the period of support after recognition from six months to 30 days, leaving recognized refugees with a short time to transition from organized accommodation and basic support to self-sufficiency. While the objective is to make more accommodations available and decongest reception facilities on the Aegean islands, UNHCR has continuously expressed concerns that ending assistance for recognized refugees before they have effective access to employment and social welfare schemes will leave them without a safety net and may push many into poverty and homelessness, a risk exacerbated by the current COVID-19 situation. UNHCR has proposed concrete measures to the authorities and is working with the government to promote effective inclusion in the national plans.

Americas

Latin America has become the epicentre of the pandemic, with Brazil recording the second

highest number of confirmed cases. The number of reported cases of people of concern with COVID-19 is also on the rise. Despite strict quarantine measures, movements continue within and between countries increasing risks of detention, refoulement, contagion and exploitation. Spontaneous returns (including irregular crossings and human smuggling) to Venezuela continue, mostly from Colombia. Despite extended suspension of non-essential activities affecting access to asylum procedures in several countries, 270 individuals applied for asylum in Mexico and four in Uruguay – which also recognized nine asylum-seekers as refugees.

UNHCR is concerned that the plight of Venezuelan refugees and migrants could now worsen with the onset of winter as temperatures will be dropping in many countries. Many have now lost their livelihoods and are faced with poverty, destitution, eviction, widespread hunger and food insecurity, as well as increased protection risks. The situation of indigenous communities, LGBTI communities and children is particularly concerning.

UNHCR expects an increase in the numbers of those who will now require emergency shelter and winter items. Shelter, food, hygiene kits and cash assistance are already critically needed for many vulnerable Venezuelan refugees and migrants living in precarious conditions.

UNHCR is stepping up its response to face this double challenge. Together with partners, UNHCR has continued to provide emergency shelters, rental subsidies, and other material assistance. UNHCR is also strengthening humanitarian partnerships to be able to provide essential healthcare for refugees in vulnerable conditions.

Coordination and partnerships

UNHCR is working with a range of partners to respond to the COVID-19 pandemic: Governments, UN agencies, international and national non-governmental organisations, civil society members, faith-based organisations and refugee-led organisations and a host of other entities. UNHCR continues to strengthen its partnerships on the ground and involves local partners as much as possible. In this context, UNHCR also supported the development of the IASC [Interim Guidance on Localisation](#) that has been developed jointly by IFRC and UNICEF in coordination with the sub-group on localisation of the IASC Results Group 1.

[Coronawestafrica.info](#)



The COVID digital platform launched by UNHCR, IOM and MSF in March 2020 reached 15,000 visitors, making it the most popular UNHCR-related digital portal in the region. Twice a week, dozens of new graphic, audio and video tools are shared to help community mobilisers in their effort to disseminate prevention messages. Targeted campaigns on social media are also organized to widen the scope of the audience. With over 86 per cent of the visitors being under 44 years old, the platform caters to a relatively young public. The experience gained in the region during the Ebola crisis confirms that youth groups are proving to be effective agents in tackling the pandemic. The most frequently downloaded tools are those aimed at supporting awareness-raising activities for children.

Workforce and capacities

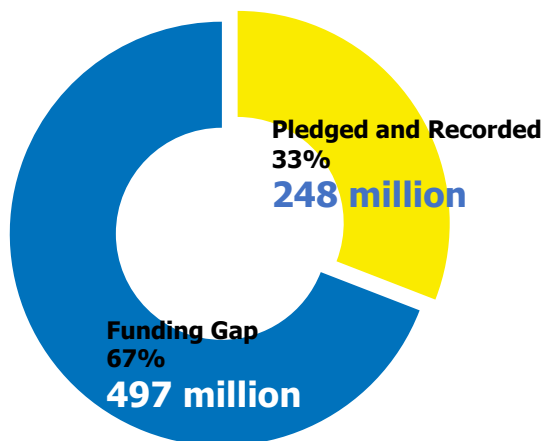
UNHCR provides measures for the safety and welfare of the workforce during this global health crisis, including activated teleworking arrangements. To ensure continuity of certain services while some of UNHCR's activities are reduced due to movement restrictions, UNHCR has adjusted some activities towards strengthening community-based protection mechanism and enhancing the capacity and self-reliance of refugee and internally displaced communities should the COVID-19 crisis intensify and limit UNHCR's operational access for a prolonged period. As lockdown measures are gradually lifted in some regions, a number of UNHCR offices have begun resuming suspended activities.

Financial Information

On 7 May, the first revision to the COVID-19 Global Humanitarian Response Plan was launched, seeking USD 6.7 billion to support global humanitarian response through December 2020. UNHCR seeks USD 745 million for all refugee and IDP operations worldwide. While the initial appeal focused on preparedness and prevention, the revised appeal is increasingly focused on response activities to address the immediate public health, protection and humanitarian assistance needs of refugees, the internally displaced and host communities prompted by the spread of COVID-19. More detailed information on UNHCR requirements within the GHRP was shared in the 11 May revision to the UNHCR Coronavirus emergency appeal, available through the below link. The amount presented in the appeal does not represent the magnitude of governments' efforts in responding to COVID-19 pandemic as the amount is limited to the additional needs and does not detail the number of programmes repurposed or reprioritized.

USD 745M

Requested for UNHCR's COVID-19 response globally until the end of the year:



Unearmarked contributions to UNHCR's 2020 programme:

Sweden 76.4M | Norway 41.4M | Netherlands 36.1M | Denmark 34.6M | Private donors Spain 33.1M | United Kingdom 31.7M | Germany 25.9M | Switzerland 16.4M | Private donors Republic of Korea 13.9M

Contributed without restrictions on its use, unearmarked funding allows UNHCR critical flexibility in how best to reach refugees, the internally displaced, stateless persons and other populations of concern who are in the greatest need and at the greatest risk.

More information:

[Global Humanitarian Response Plan COVID-19](#)
(launched 07 May 2020)



[Global Focus COVID-19 Situation page](#)
(including UNHCR's Coronavirus emergency appeal and sitreps)



[UNHCR Covid-19 data portal](#) (including global guidance, sitreps and links to other UNHCR COVID-19 related sites)



Total contributed or pledged to the COVID-19 appeal:

USD 248M

Including:

United States	\$64.0M
Germany	\$38.6M
European Union	\$33.5M
United Kingdom	\$24.8M
Japan	\$23.9M
Denmark	\$14.6M
United Nations Foundation	\$10.0M
CERF	\$6.9M
Canada	\$6.4M
Private donors	\$4.7M
Ireland	\$3.3M
Sweden	\$3.0M
Sony Corporation	\$2.9M
Finland	\$2.4M
Education Cannot Wait	\$1.8M
Qatar Charity	\$1.5M
Norway	\$1.4M
USA for UNHCR	\$1.0M

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Specific country examples

Norway

In Norway, community-based organizations and NGOs hold weekly digital meetings with the municipality in Oslo to gain a better understanding of the situation, discuss needs, and agree on further actions to ensure that everyone, including persons of concern, comply with public health measures and regulations.

Ukraine

Internally displaced communities in Central and Western Ukraine are taking part in coordinating committees led by local authorities, volunteering to help them to distribute groceries to older people, running counselling hotlines, and conducting psychosocial support and art therapy classes for adolescents online.

Egypt

In Egypt, adapting to context, UNHCR is currently piloting remote interview modalities for certain profiles with the assistance of interpreters, given that Egypt's refugee and asylum-seeker population comes from a total of 58 countries of origin.

El Salvador

Under the Protection Cluster, UN Agencies and NGOs coordinated the delivery of cell phones or tablets to support the national child protection institutions to conduct remote protection interviews with children.

Libya

As part of the Ramadan campaign in Libya, UNHCR completed the distribution of core relief items, including food baskets, hygiene kits, water purification tablets and jerry cans to over 4,700 refugees and asylum-seekers and 3,700 internally displaced people living in Tripoli, Misrata and Al-Zawiya.

Pakistan

Cash distribution for vulnerable Afghan refugees as part of the COVID-19 response is ongoing in several locations. As of 21 May 2020, a total of 663 refugee families received cash assistance. UNHCR plans to provide one-time cash assistance to some 36,500 households.

Burkina Faso

In Burkina Faso, UNHCR is strengthening WASH systems in the areas hosting internally displaced people including hand washing devices, soap, and masks. In addition, UNHCR provided in-kind donations, composed of medicine, pharmaceutical supplies and information posters on COVID-19, in the nine regions for a total amount of over 1 million USD.

Somalia

In Somalia, UNHCR has installed 48 handwashing stations in front of hospitals, health centers and reception centers allowing for some 1,100 persons to wash their hands on a daily basis before entering the facilities.

Argentina

Since the set-up of remote assistance, UNHCR advised some 1,240 refugees and migrants, 97 per cent of them Venezuelans mostly living in the greater Buenos Aires area. Unmet basic needs persist; rent for accommodation in which they reside informally, access to food and lack of legal documentation.

Cameroon

As part of an Inter-Cluster COVID-19 response in Cameroon, UNHCR with partners organised a training for 88 NGO staff in the North West Region on Protection Mainstreaming and Child Protection within the context of COVID-19.

Kenya

In Kenya, refugees enrolled in tertiary education in urban areas receive free daily data bundles from Safaricom (local telecommunication company), to facilitate access to e-learning classes.

Philippines

In the Philippines, UNHCR provided technical assistance in drafting a governmental memorandum circular pertaining to the inclusion of refugees in the local response and programmes related to COVID-19.

South Africa

Cash-based assistance continues to be an important way of reaching vulnerable refugees and asylum-seekers during the COVID-19 outbreak. In South Africa, UNHCR provided 100 refugee youth with cash assistance for data bundles and electricity, so they may continue their studies online.

Zambia

In Zambia, an inter-agency and multi-sectoral team was established in Mantapala refugee settlement to guide more than 300 trained community workers to enhance health surveillance in the settlement. The community workers will also be involved in distributing information, education and communication materials to refugees and the host community.